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ABSTRACT

The documents in this collection provide information about the Center for the Study and Teaching of At-Risk Students (C-STARS), a center committed to meeting the challenge of providing integrated services for at-risk youth and their families. Because C-STARS is housed in a university setting, it has the opportunity to promote interprofessional and interagency cooperation. Fundamental to the operations of C-STARS is interprofessional case management (ICM). ICM attempts to ensure that services are provided in a supportive, efficient, and coordinated manner. Seven functions of the ICM model are described, and the structural components of its operation are presented. Preliminary results of a formative evaluation indicate that implementation of the model's functional and structural elements has been high in project sites. The summative evaluation design in progress suggests a positive impact on students, with reduced absenteeism and better student grades and conduct. Attachments include: (1) a list of 47 suggested readings, (2) a discussion of the C-STARS model, (3) anticipated benefits of the ICM approach, (4) background material on C-STARS, and (5) guidelines for ICM. (SLD)

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SCHOOL BASED INTERPROFESSIONAL CASE MANAGEMENT
AN INTERAGENCY PROGRAM FOR AT-RISK STUDENTS AND THEIR FAMILIES.

Perspective On Need

Virtually every person in this country is aware that increasing numbers of students are at risk of dropping out of school and of the disastrous results when students drop out and never return to school. At present approximately 25% of all school children are at risk of dropping out and never complete a secondary program (Soderberg, 1988). Many urban schools have dropout rates that far exceed national averages, for example, drop out rates of 40 to 50% are frequently reported (Cattrell, 1987).

The Ford Foundation (1990) reports that one of every four teenagers will drop out of school before graduating, four of every ten girls will become pregnant during their teens, one of every four teenagers will become a problem drinker and one teenage suicide occurs every nine minutes. On January 30, 1991, National Public Radio announced that the national school dropout rate for all Hispanic males is now 44%.

In New York City, one of every three children grows up in a single parent family. There are currently more than 20,000 homeless children who wander the streets, and between 60,000 and 125,000 students are absent from school each day. For all students between the ages of 16 and 19,the unemployment rate is 35%, for Hispanic and black youth, the unemployment rate is approximately 50%.

Students who drop out pay a high price throughout their lives. For example, in the State of Washington, 50% of all adults receiving Aid for Families with Dependent Children (AFDC) are school dropouts. A recent survey of state prison inmates indicated that 62% of that population are school dropouts. It is clear that responding to the needs of students at risk of dropping out is a crucial challenge for schools, families and communities in this country. To meet this challenge, schools, families, social service providers and communities must work together to develop new creative programs.

This article provides information on the Center for the Study and Teaching of At-Risk Students (C-STARS), a center committed to meeting the challenge of providing integrated services for at risk youth and their families.

Background - Center for the Study and Teaching of At-Risk Students (C-STARS).

Definition/Mission

The Center for the Study and Teaching of At-Risk Students (C-STARS) is a division of the Institute for the Study of Educational Policy located at the University of Washington and the College of Education at Washington State University. The mission of C-STARS is to channel interdisciplinary university research, training and technical assistance in support of school, social, and health service efforts to collectively redefine and reposition their

respective services to families with students at risk of school failure.

1. Rationale

Assumptions which form the foundation of C-STARS include the:

- no single institution, by itself, can effectively address the multiple needs of at-risk children and their families. At the center of our public service agencies sits a common client who must be housed, transported, educated, fed, and kept healthy. Professionals from diverse agencies must learn to collaborate for the sake of the clients we share. At risk students and their families need holistic, consistent, and enduring interventions, not the piecemeal interventions that are all too common.
- Our schools, social and health service agencies receive inadequate funds to handle the increasing caseload of children and families with multiple public service needs. C-STARS does not provide direct service to students and their families. Rather C-STARS works with schools and community service agencies to develop, test, and document interagency prevention and intervention models.

2. Key Attributes

Because C-STARS is housed in a university setting it has the unique ability to advance interprofessional and interagency collaboration: first, through research efforts, second through professional development (training), third and perhaps

Department of Community Development, and the Washington State Migrant Council. To facilitate school-based delivery of the multiple services needed by at-risk children and families, STAT advises and provides technical assistance to staff(s) of Washington State based C-STARS demonstration projects.

Interprofessional Case Management (ICM)

Definition

Interprofessional Case Management (ICM) is fundamental to C-STARS. ICM nurtures a network of logical and appropriate interactions among schools, health and social service agencies in order to maximize opportunities for at-risk students and their families. In place of piecemeal and haphazard service delivery, ICM is devoted to providing services in a supportive, efficient and coordinated manner.

Each professional who relies on case management, builds on his/her experiences and perspectives to understand this approach. Some professionals stress the C-STARS promise of linking the service system with a consumer, and coordinating the various systems components to achieve a successful outcome. Other professionals chose ICM because it offers an avenue to overcome existing rigidity and unnecessary red tape within and among educational and human services agencies. While case management will be interpreted different ways, there is increasing consensus on the importance in serving the multiple needs of at-risk youth. No single

organization can effectively address all these needs. Consequently, at-risk youth must often access several different and often disconnected programs. As the number of organizations involved in serving a student grows, managing and implementing these services becomes more complex. Acting as a mentor, a case manager can help students identify and gain timely access to the services they need and can offer them support to complete these services.

Seven Functions of Interprofessional Case Management

After a thorough review of the literature and interviews with case managers from health, education, and social service agencies, seven primary components emerged as central to the concept and function of case management. These functions became the foundation for development of the school-based interprofessional case management model.

1. Accessing and Assessing Students. This component first involves reviewing program goals and objectives to develop criteria for identifying youth to be targeted for services. A system is then set in place to identify students, receive referrals and select those youth to be served. The case management team identifies the causes of the student's difficulties, both those unique to the student and those that are a consequence of family or environmental situations.

2. Development of a Service Plan. The service plan is one of

interventive action. It identifies: (1) the current situation, (2) goals and objectives, (3) needed or recommended services, (4) who is responsible for providing the service, (5) timeline, and (6) possible date for re-evaluation.

3. Brokering. Link the student to services that cannot be provided by the case management team. The case manager takes on the role of broker. Brokering involves much more than simply making a referral. Pre-referral counseling and family outreach activities helps students and families to accept services. In times of crisis, the case manager or a member of the team will accompany the student to the referral agency.

4. Service Implementation, Coordination and Communication. The role of the interprofessional case management team is three-fold: (1) to deliver on-site services as specified in the service plan, (2) to ensure that all services to an individual student are coordinated for the student's benefit, and (3) to facilitate communication among service providers.

5. Advocacy. When taking on the role of advocate, the case manager assists students communicate in or outside the schools, and helps families negotiate in the community (society).

6. Mentoring. One member of the case management team takes primary responsibility for representing and caring for the

student within the school. This one person is charged with following through for the student. The at-risk student has usually not formed this kind of relationship with an adult. To provide at risk students an opportunity to trust the case management team identifies one member to become the adult to whom these students can turn.

7. Monitoring and Evaluation. Through ongoing monitoring and evaluation, the case management team stays abreast of services being delivered to the client and the client's progress and emerging needs. This information is used to modify the service plan as the situation involves.

INTERPROFESSIONAL CASE MANAGEMENT (ICM) OPERATIONALIZED (How it Works)

Three Basic Structural Components

There are three structural components of this model at each school-community site. These are (1) the case manager, (2) the interprofessional case management team, and (3) the community service network.

The **case manager** identifies students at risk of school failure, refers at-risk students to the interprofessional case management team, facilitates regular meetings of this team, monitors the multiple service plan developed for each student, advocates with service agencies on behalf of the student and his/her family, and

is often the single adult who maintains a sustained contact with the student and respective family throughout the delivery of the multiple services prescribed for the student.

The school-based interprofessional **case management team** includes, at minimum, the case manager, a social worker, and a health service professional. This team of service providers meets regularly with the case manager to collaboratively exercise the seven functions of this case management model. Typically, the members of the team are employees of local health, education and/or social service agencies who, through interagency agreements with school districts, provide in-kind staff time as school team members.

The **community service network** typically includes a range of service providers who agree to coordinate with case managers and school interprofessional case management teams in delivering specific services as needed by students beyond the professional expertise of the case managers. Examples may include: Juvenile Justice, Planned Parenthood, Council of Churches, and The Migrant Council.

Role of the Case Manager

Case Managers identify students at-risk of school failure associated with several personal, family, and/or school factors' assess multiple Health, Education, and Social Service needs of these students; develop an integrated school-community service delivery plan, and advocate on behalf of at-risk students.

Their specific key roles and functions are to:

1. Conduct initial student screening for referral to the building CM team.

2. Facilitate regularly held meetings of the building CM team for the purposes of planning, monitoring, and adjusting coordinated interprofessional services to at-risk students and their families.

3. Link students and their families with needed health and social services that cannot be provided by the CM team in the school.

4. Determine the composition of each at-risk student's respective CM team in consideration of his/her holistic needs and the resources available and/or appropriate, e.g., family members, DSHS case workers, etc.

5. Insure through monitoring and evaluation that all services being delivered to an individual student are working together for that student's benefit and that appropriate communication is taking place between service providers, students, and family members.

6. Coach students in problem solving skills and in setting short and long term life goals for themselves.

7. Advocate on behalf of students in order to secure for him/her needed services and entitlement for them.

8. Insure that each student referred to the CM team has one team member identified to serve as the primary caring adult who will follow through with the student over a sustained period of time.

9. Anticipate potential student crisis situations that are likely to occur in the home, the school, and/or the community and develop crisis intervention strategies with CM team members and community service professionals.

10. Develop and maintain cooperative working relationships within the school between CM team members, teachers, counselors, administrators, etc.; and outside the school with the family members as well as appropriate health and social service providers.

Case Managers Professional Development (Training)

Prospective or practicing case managers typically come from a variety of professional backgrounds including social service, (social workers) education, (teachers, administrators, counselors, psychologists, counselors), and health (nursing). Many have already practiced in "role alike" positions and have basic

understanding of one or more of the functions of interprofessional case management. For this reason the C-STARS professional training program was developed using a three dimensional approach.

Case manager professional development starts with a thorough pre-training individual needs assessment. This important first step in the training process is designed to measure specific skills, knowledge and affective competencies including values, attitudes and behaviors associated with the role and responsibilities of interprofessional case managers participating in C-STARS school district programs. Assessment methodology includes: 1) self reporting; 2) client satisfaction reporting; 3) supervisory assessment, and standardized testing, ie, knowledge measures. Skill competencies are assessed through observation, experience (client reporting) and simulation and role play activities. Affective competencies are assessed through interview formats addressing specific situational responses and open-ended questions.

Once this initial assessment process is completed, each case manager has two professional development options available. The first of these is a continuing program of inservice workshops, colloquiums, seminars, and institutes developed to provide up to date information and skills in new or emerging needs for all case managers. These activities are offered throughout the school year and summer, and are typically one day to one week in length. Topics may include the latest legislative state and information on at risk and drop out programs, substance abuse issues, homeless

information or successful communication strategies when working in an ethnically diverse environment. One major inservice summer institute is typically arranged for all new case managers who need initial grounding prior to the start of the school year.

A second professional development option available to case managers is professional graduate level course work. These courses are designed to strengthen case management skills and become a major course work component for case managers working toward advanced degree including the master's of social work (MSW) or the master's in education (M.Ed.). These courses are typically cross listed by both research universities and offered both during the summer and academic year. Plans are to develop a comprehensive "curriculum" for case managers based on a statewide research survey currently being conducted which involves five state agencies and school districts.

Preliminary Research and Evaluation

A. Formative Evaluation

Preliminary results from a formative evaluation conducted by the University indicate respective site implementations of the model's functional and structural elements to be high, i.e., over 85 percent. In addition, the attainment of multiple service goals set for students and families has progressively risen over the initial implementation period.

B. Summative Evaluation

The university-administered summative evaluation design suggests evidence of positive impact on students. Through the course of the projects initial fourteen months of coordinated multiple service delivery, percentages of students whose absenteeism exceeded designated risk ceilings declined by approximately 50 percent, percentages of students earning one or more unacceptable grades decreased by approximately 35 percent, and the percentage of students for whom one or more days of poor classroom conduct was recorded decreased by approximately 31 percent. Students with more than 10 reported absences declined from 73 percent of the group to 40 percent; those with more than one low grade report declined from 82 percent to 54 percent; and those with disruptive behavior reports declined from 95 percent to 71 percent. Besides looking at the progress of the students it has served, the project is also attempting to compare these students to similar at-risk students in non-served school districts. School districts which are similar to districts using the C-STARS Case Management Program in their demographics and the percentage of at-risk students have been invited to send us data on their at-risk students for purposes of comparison.

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The C-STARS Model for Interprofessional Case Management Addressing At-Risk Students

What is C-STARS?

The mission of C-STARS is to channel interdisciplinary university research, training and technical assistance in support of school, social, and health service efforts to collectively redefine and reposition their respective services to students at risk of dropping out of school.

What is interprofessional case management?

. . . a series of logical and appropriate interactions within a comprehensive service delivery network of schools, health, and social service agencies designed to maximize opportunities for at-risk students and their families to receive needed services in a supportive, efficient, and coordinated manner; and is school-based and community-supported.

What are the seven key functions of interprofessional case management in the context of this model?

While case management services within schools vary from school to school to accommodate differences, there is consistency in the seven major components of this approach across all the schools.

1. **Assessment.** In this component, the case management team identifies the causes of the student's difficulties, both those that are individually unique to students and those that are aspects of their family or environmental situations.
2. **Development of a service plan.** This plan generally includes a mix of services, short-term and long-range, in-school and out. The service providers are also a profile of each community's unique service potentials.
3. **Brokering.** This involves linking the student to needed services that cannot be provided by the case management team in the school. Brokering generally involves much more than simply making a referral. Both students and their parents often need to be prepared to accept services by pre-referral counseling and family outreach activities. In times of crisis, the case manager or a member of the team will actually accompany the student to the referral agency.
4. **Service implementation and coordination.** The role of the interprofessional case management team is two-fold: first, to deliver the services on-site which they have planned to provide themselves; second, to be sure that all services to an individual student are working together for that student's benefit and that appropriate communication is taking place between service providers.
5. **Advocacy.** This involves the student in his or her communications within or outside the school, and helping the family negotiate in society.

6. **Monitoring and evaluation.** Through this activity the case management team stays abreast of the services being delivered to the client as well as the client's condition and emerging needs so that changes in the service plan can be made as the situation dictates.
7. **Mentoring.** A member of the case management team is the primary adult caring for the student within the school. No matter the number of specialists, this is the one person who follows through for the student. The at-risk student has usually not formed this kind of relationship with an adult and the intent is for the case management team to identify one member to become the adult to whom these students can turn.

What are the three basic organizational components of this model?

There are three organizational components of this model at each school-community site. These are (1) the case manager, (2) the interprofessional case management team, and (3) the community service network.

The **case manager** identifies students at risk of school failure, refers at-risk students to the interprofessional case management team, facilitates regular meetings of this team, monitors the multiple service plan developed for each student, advocates with service agencies on behalf of the student and his/her family, and is the single adult who maintains a sustained contact with the student and respective family throughout the delivery of the multiple services prescribed for the student.

The school-based interprofessional **case management team** includes, at a minimum, the case manager, a social worker and a health service professional. This team of three to five service providers meets regularly with the case manager to collaboratively exercise the seven generic functions of this case management model. Typically, the members of the team are employees of local health, education and/or social service agencies who, through interagency agreements with school districts, provide inkind staff time as school team members.

The **community service network** typically includes a wide array of service providers that agree to coordinate with case managers and school interprofessional teams in delivering specific services as needed by students but beyond the professional expertise of the case managers or team members (e.g., medical examinations).

How are students identified as "at-risk" within the C-STARS interprofessional case management model?

Students classified as at-risk exhibit the three risk characteristics in accordance with the three **core risk criteria** identified for the project, plus at least one of the multiple **target student risk criteria** identified from research literature. These criteria are delineated below:

A. Core Risk Criteria:

Students who exhibit the following risk characteristics may warrant further consideration in order to enhance their prospects for retention in school:

1. **Six or more absences in the previous semester** (May use three or more for elementary)
2. **Unsatisfactory performance** (e.g., grades) in two or more subjects (for kindergarten, one or more year's developmental delay in one or more basic skills).
3. **Two or more behavioral incident reports in the previous semester** (tardiness, detention, suspension, expulsion, teacher/counsellor reports/ratings indicating concern.)

B. Target Student Risk Criteria:

Students who meet the core risk criteria and exhibit one or more of the following characteristics may be targeted for case management services (Note: Students may not exhibit all of the core characteristics yet should be considered for services due to their status regarding characteristics listed below):

4. **Behind in grade level** (e.g., detained one or more years; in particular, detained in first or second grade).
5. **Poor performance on academic proficiency exams** (e.g., one or more grades/standard deviations below the norm).
6. **Low GPA** (e.g., 1.5 or below in two consecutive semesters).
7. **Lack of interest in/dislike of school** (e.g., no participation in extracurricular activities, teacher concern ratings).
8. **Lack of self-esteem/self confidence** (e.g., teacher ratings, self rating scales).
9. **Unstable family situation** (e.g., two or more different residences in previous year; single parent/guardian/foster parent).
10. **Socio-economic status** (e.g., mother's/father's occupation; school lunch eligibility; welfare recipient family).
11. **Parent's education levels** (e.g., completion of high school).
12. **Learning problems**, not eligible for special education (e.g., identified as focus of concern).
13. **Language difficulties** (e.g., enrolled in English as a second language course).
14. **Unstable school history** (e.g., three or more school transfers within the previous two years).
15. **Other**.

How is the model presently being field tested?

Nine school district-communities that share high dropout rates, but have little else in common, have agreed to work with C-STARS (University of Washington) through the '88-'89 and '89-'90 school years to field test local adaptations of a generic case management model developed by C-STARS.

The nine participating Washington State school districts are: Toppenish, Cle Elum-Roslyn, Ocean Beach, Seattle, Oakville, Longview, Coupeville, Skykomish, and North Kitsap. In addition, C-STARS is working/consulting with the Atlantic Street Center of Seattle for intercultural sensitivity; and Olympic Counseling Services of Spokane and Tacoma for substance abuse sensitivity.

Each elementary, middle, and/or high school-community site has organized and facilitated an interprofessional case management team consisting of health professionals, social workers, educators, and, when appropriate, parents. Through the duration of the project, each site's CM team will target a representative sample of 25-50 potential dropouts that share similar critical risk identifiers--e.g., language difficulty, being behind in grade level, etc. Using site-specific variations of the University's case management model, each team will identify and coordinate health, education, and social services to targeted students and families.

Results from interprofessional service delivery to the students targeted by the project are and will continue to be analyzed in consideration of potential delivery of similar services to other students at risk of dropping out. In this manner, other students exhibiting "risk" indicators comparable to the project sample will ultimately benefit from the interprofessional service delivery models that participating school district-communities agree to institutionalize at the conclusion of the demonstration.

Each participating school district has agreed in advance to institutionalize the features of their model variations evaluated as being effective in early intervention with potential dropouts. It is anticipated that participating youth service agencies, i.e., health, social services, etc., likewise will agree to coordinate the institutionalization of promising features of their respective site adaptations.

What is the role of C-STARS?

Throughout the course of the project, C-STARS will facilitate planning meetings, design and conduct formative and summative evaluation, provide site technical assistance, and disseminate the findings nationally and throughout Washington State. An interprofessional outreach team of University of Washington faculty, staff, and graduate students from Social Work, Education, Medicine and Nursing will provide technical assistance to each site's CM team.

In addition, C-STARS is developing a resource manual of optional process formats that correspond to the seven functions of interprofessional case management. C-STARS staff have also developed a generic job description for district use in hiring case managers, along with a training curriculum tailored to the preparation of these case managers. This training is delivered on campus by C-STARS staff and faculty members.

Anticipated Benefits of School-Based Interprofessional Case Management

1. Provides a "community" focus i.e., a shared goal in serving a common population of at-risk students and families.

2. Provides additional basic education dollars to school districts through by retrieving dropouts back into the school system.

3. Empowers families and children by their becoming competent as self advocates e.g., learning to independently negotiate service systems.

4. Reduces duplication of services to common clients previously independently served by several service providers.

5. Reduces "stigma" associated with family members going to certain public service agencies e.g., welfare, unemployment, etc. i.e., you don't have to be sick to go to school.

6. Reduces amounts of time family spend accessing a several discrete services by consolidating of coordinated services.

7. Efforts by service providers to coordinate services sends a message of respect i.e., respect for families and respect between professional service providers.

8. Presents a philosophical theme of tailoring agency services to families and students rather than demanding students and families to adjust to service providers.

9. Provides a sustained continuity and follow through over time allowing for long term monitoring and intervention as necessary.

10. Provides opportunities for personal growth for families and students e.g., anger management, parenting skills, etc.

11. Provides a support network i.e., a base for community development and/or bonding.

12. Initial positive experiences by families and students generate incremental increases in service contacts.

13. Interprofessional interaction around professional sharing a common ideology serves as a catalyst in changing professional attitudes and behaviors.

14. Professionals participating with this prevention model find it provides them with a personal support system as well as for service populations.

15. Early evaluation results from field testing the model are promising i.e., improvements in academic performance, attendance, and school behavior.

16. Provides a prototype of service interdependence that serve as a basis of creating healthy interdependent relationships throughout society as a whole.

17. The individualized attention to each family member or student is realistic in consideration of individual and situational differences.

18. Accelerates access by families to a variety of media services.

19. Provides a proactive and promotive outreach which takes services to people before problems surface.

20. This model is designed for a universal population i.e., everybody rather than for a select deficit defined population of "problem" students or families.

21. The professional interaction and interdisciplinary exchanges are stimulating and energizing thus contributing to a reduction in professional burnout.

22. The professional interdependence and common client focus provides service providers with incentives to cut through bureaucratic red tape and/or "rules" i.e., rules shouldn't get in the way of meeting the needs of kids and families.

23. A clear consistent plan is developed for clients instead of multiple, conflicting plans.

24. Greater impact achieved due to treatment of the family as a unit and focused services a several agencies.

25. Administrative costs per service unit are reduced because duplication of intake, planning and reporting will be reduced.

26. Gaps in needed services are readily identified and overcome; client families will have created access to appropriate services.

27. Prevention and intervention with siblings not yet seriously involved in problem behavior will be enhanced.

28. Clients will feel more positive about services (less threatened or victimized, better relationship with case manager).

29. More families successfully engaged in active support of service planning and follow-through for their children.

30. Spreading staff costs across a range of programs allowing human services to maintain a presence in small population areas where no single agency can afford a full staff position.

31. Data reporting the range of services to a client and family giving more accurate and valuable picture of services and needs.

32. Culturally and language appropriate, and responsive model of service utilized.

33. Services have more impact because multiple problems and their causes are addressed.

34. Services are properly sequenced.

35. Service delivery is more efficient because duplication of intake, assessment and case management is eliminated.

36. This model provides an opportunity to integrate a variety of professional approaches and viewpoints thus providing a more comprehensive focus then is typical when professionals work alone.

37. This model provides an ongoing opportunity for educators, social workers and health professionals to learn about one another's techniques re: What is working and what isn't with a common client population.

38. This model is attractive to policymakers in that it provides a bases for - redistribution of existing public service resources with an accountability system designed to measure efficiency.

39. This model provides a generic framework of functional and structural components that allow for site specific adaptation and ownership in consideration of each site's unique population needs, characteristics, and service delivery systems.

40. This model provides an incentive to cut through bureaucratic red tape. It is attractive to service providers in part because of its philosophy that "rules" shouldn't get in the way of meeting the needs of kids and families.

41. This model is energizing to service providers in that it provides educators, health professionals, and social workers with a chance to work in new settings with different people in an atmosphere of shared ongoing professional development.

    - Energizing
    - Cost Effective
    - Attractive to Policy Makers
    - Holistic
    - Provides a clear consistent service delivery plan rather than multiple conflicting plans

42. Administrative cost per service unit are reduced because duplication of intake, planning, and supporting will be reduced.

C-STARS Background

Center for the Study and Teaching of At-Risk Students

Need

Increasing numbers of students are at risk of dropping out of school and experiencing the often disastrous results of never completing a high school education. Nationwide, approximately 25 percent of all school children are potential dropouts. In many urban school districts, dropout rates far exceed national averages, with some inner-city districts reporting dropout rates of 40 to 50 percent.

As many as 30 percent of our children in Washington State are thought to be in danger of not receiving sufficient education to enable them to become successful and productive adults. Circumstances frequently associated with increased risk of school failure include low academic performance, poor health, pregnancy, homelessness, hunger, running away from home, substance abuse, parental neglect or abuse, and criminal behavior.

Often these children become adults ready only for lives of alienation and dependency. For example, 50 percent of all adults receiving Aid for Families with Dependent Children (AFDC) in Washington State are school dropouts. A recent survey of state prison inmates indicates that 62 percent are school dropouts.

Solution

A report by the Institute for Educational Leadership in 1987 emphasized that no single institution working alone can effectively address the complex needs of youth at risk. The report found that social service professionals, educators, and health workers need to focus their efforts with children and families in a holistic, consistent, and longitudinal manner, rather than relying on the current piecemeal approach generally in use.

Taking its cue from these findings, the Center for the Study and Teaching of At-Risk Students (C-STARS) employs interprofessional case management to create dynamic partnerships that stimulate long-term improvements in the lives of students and families.

Located within the Colleges of Education at the University of Washington and Washington State University, C-STARS channels interdisciplinary university research, training, and technical assistance in support of education, social service, and health service efforts to collectively redefine and reposition services to families with students at risk of school failure.

Research studies indicate that successful programs reach and help at-risk children and families by offering a broad spectrum of services, using program resources flexibly, training and encouraging staff to cross traditional program categories, and treating individual problems within the context of the family. The interprofessional case management guidelines demonstrated via C-STARS allow school-communities to coordinate existing health, social, and education services, thus more efficiently serving students identified as being at risk of dropping out of school. Such interagency efforts can be cost-efficient while sparking dramatic improvements.

Key Attributes of C-STARS

C-STARS is committed to participating in and fostering interprofessional projects. C-STARS collaborates with other university divisions, city and state agencies, and private service entities to develop, evaluate, and document interprofessional prevention and intervention models.

Because practitioners from diverse agencies must learn to collaborate for the sake of their shared clients, C-STARS is identifying collaboration competencies, developing interdisciplinary curricula, and encouraging professionals to draw upon one another's strengths.

C-STARS' case management guidelines are adaptable for use with school-community substance abuse intervention and special education multi-disciplinary teams, as well as with dropout prevention and retrieval programs.

Policymakers and the general public are demanding accountability and evidence of cost-effectiveness from social service, health, and education providers. C-STARS' staff of university researchers documents the creation and performance of innovative interagency programs. C-STARS advances interprofessional and interagency collaboration through research, professional development of current and future practitioners, and facilitation of cooperative efforts for common client populations of students and families.

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Interagency Collaboration

A cornerstone of the C-STARS program is cooperative linkage and mutual commitment on the part of a network of service agencies providing services for at-risk youth and their families. The key to this interagency concept is a group comprising member representatives from all participating agencies. The State Technical Assistance Team (STAT) includes representatives from the Office of the State Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Services (Mental Health and Family/Children's Service Divisions), the Employment Security Department, the Department of Community Development, and the Washington State Migrant Council. To facilitate school-based delivery of the multiple services needed by at-risk children and families, STAT team members provide advice and technical assistance to staff of C-STARS demonstration projects throughout Washington State.

Evaluation

Under the auspices of grants from the U.S. Department of Education, C-STARS' interprofessional case management guidelines have undergone both formative and summative evaluation phases. Formative evaluations of C-STARS programs document how participating school-communities have developed site-specific case management programs based on the interprofessional case management guidelines, the differing implementations of case management functions in participating school-communities, and the types of services being provided to at-risk students and families.

Summative evaluation tracks the impact of case management on students addressing three risk variables monitored at all participating school districts: low attendance, poor grades, and poor school conduct. (Note: While participating school-communities may choose to monitor additional risk indicators, they all monitor these three variables.)

Because schools and students are self-selected for participation, and because school officials are reluctant to assign students to control groups, experimentation has focused on discrete elements of the C-STARS guidelines. For example, a quasi-experimental study at the Oakville School District demonstrated significant improvements in grades and composition when teacher-mentors were paired with students outside of regular classroom hours. A matched control group which participated only in scheduled classroom activities did not show an equivalent improvement in composition skills and grades.

Outcomes

Results of the formative evaluation show that functional and structural elements of the guidelines are being implemented by participating school districts. Multiple service goals set for students and families have risen during each year of program activity.

University-administered summative evaluation suggests that interprofessional case management services are associated with positive student outcomes in the three risk-level categories tracked at all sites. The percentage of students identified as being at risk in each of the three categories consistently improved over the first three years.

Targeted Students Meeting Risk Criteria*

1988-89 (n = 92)

	Start	End	Progress
Attendance	73%	40%	33%
Grades	82%	54%	28%
Conduct	94%	71%	24%

1989-90 (n = 138)

	Start	End	Progress
Attendance	60%	45%	15%
Grades	64%	51%	13%
Conduct	53%	43%	10%

1990-91 (n = 360)

	Start	End	Progress
Attendance	51%	22%	29%
Grades	72%	60%	12%
Conduct	58%	51%	07%

*C-STARS Risk Levels:
Attendance = ten or more days missed
Grades = ten percent or more low grades
Conduct = one or more disciplinary referrals

While moderate, these gains are consistent, and are even more encouraging when viewed in light of the usual tendency for school performance to decline toward the end of the school year. Progress on family-related outcomes was also reported by case managers, with increased family involvement, access to services, and optimism cited most frequently.

For Further Information . . .

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C-STARS Guidelines

Center for the Study and Teaching of At-Risk Students

These guidelines for school-based interprofessional case management are being demonstrated under USDOE Grant S201C12560, "Washington State Coordinated Service Initiative for At-Risk Youth and Families" (CFDA No. 84.201C).

Interprofessional Case Management

Interprofessional case management is a series of logical and appropriate interactions within a comprehensive service network of schools, social service, and health agencies. These interactions maximize opportunities for at-risk students and their families to receive needed services in a supportive, efficient, and coordinated manner.

Statewide Implementation

Over the four-year duration of the current project (1991-1995), the University of Washington, Washington State University, the Migrant Child Institute, the state's Department of Social and Health Services, and the Office of the State Superintendent of Public Instruction will partner with five school districts and their respective local communities and businesses to expand and field test these guidelines for interprofessional case management. The participating school district-communities are:

- Franklin Pierce School District (Tacoma),
- Pasco School District (Pasco),
- Peninsula School District (Gig Harbor),
- Oakville School District (Oakville), and
- West Valley School District (Spokane).

The guidelines are being tested in five secondary and eighteen elementary schools providing interprofessional case management services to approximately 3,000 at-risk youth and their families.

C-STARS is providing replication start-up assistance to educators and public service providers throughout the Pacific Northwest to help them tailor the guidelines to local needs and resources. A resource manual outlining a variety of promising options is available to school-communities in the initial stages of shaping their site-specific variations of this prevention/intervention system.

Organizational Components

At each school-community site, interprofessional case management is characterized by three organizational components: a case manager, an interprofessional case management team, and a comprehensive community service network.

The **case manager** identifies students at risk of school failure, refers at-risk students to the interprofessional case management team, facilitates regular meetings of this team, monitors the multiple service plan developed for each student, and advocates with service agencies on behalf of the student and his/her family. The case manager maintains sustained contact with the targeted students and their family members throughout the delivery of multiple prescribed services.

Districts often identify one person on their existing staffs or hire new professional staff to serve as case manager. Alternatively, variations of the interprofessional case management guidelines can be implemented by restructuring existing staff roles to enable a number of people to collectively fill the case manager's role.

Case management services are provided on-site by case managers, school-based interprofessional teams, and a network of community service agencies and professionals.

The **school-based interprofessional case management team** includes, at a minimum, the case manager, a social worker, and a health service professional. Typically, some team members are employees of local health or social service agencies. Through interagency agreements with the school district, they provide in-kind staff time.

The team meets regularly to collaboratively deliver the seven key functions of this case management design. Team members together bring the expertise needed to assess health, social service, and educational needs and to access needed services.

Sometimes students and families have needs which are beyond the case management team's professional expertise or resources. The **comprehensive community service network** includes individual service providers and local agencies who agree to deliver specific services or items (such as medical examinations, food, or clothing) needed by students and families. The network also identifies joint strategies to make service coordination more effective and efficient. This network represents a profile of each community's unique service resources (county and municipal agencies, United Way, churches, etc.) upon which the team may draw or to whom a specific child/family may be referred.

Seven Key Functions of Interprofessional Case Management

While individual variations accommodate local differences, seven key functions characterize interprofessional case management at each site.

1. **Assessment**. Interprofessional case management team members collaboratively identify causes of targeted students' difficulties. These barriers to personal and academic success include circumstances unique to the student as well as those associated with school, family, or environmental circumstances.

2. **Development of a service plan**. The interprofessional team develops a plan of coordinated multiple services tailored to each student. This plan generally includes a mix of short-term and long-range services that are delivered both in and out of school by the case management team and the community service network.

3. **Brokering**. The case management team links targeted students and families to needed services that cannot be provided in the school, drawing upon the community service network in arranging for services beyond the team members' scope. Brokering involves much more than simply making a referral. Pre-referral counseling and family outreach activities help students and their families to accept services. In times of crisis, a team member accompanies the student and/or family members to the referral agency.

4. **Service implementation and coordination**. The implementation function of case management team members is two-fold: first, they deliver selected services on-site; second, they ensure that all services to a student are working together for that student's benefit and that appropriate communication is taking place among the various service providers. One member of the team is generally responsible for service coordination.

5. **Advocacy**. Team members advocate for students and families by assisting and mediating student-family communications within or outside service agencies or school. Advocacy also includes helping the student and/or family negotiate the many different bureaucracies involved. Appropriate team members sometimes serve as a third party in conflict resolution between students and family members, students and service providers, etc.

6. **Monitoring and Evaluation**. The interprofessional case management team tracks services delivered to the student and family and monitors the student's condition and emerging needs. As a result, adjustments in the service plan can be made and program milestones documented as circumstances dictate.

7. **Mentoring**. One member of the interprofessional case management team is designated as the primary professional caring for each student within the partnership of service agencies. No matter the number of specialists involved, this person follows through for the student and/or family and is the person with whom the student and his/her family can comfortably communicate and to whom they can turn.

Nine Phases of Site-Specific Adaptation

Because each school-community is different, these guidelines have evolved in different ways at each of the eighteen original demonstration sites. However, each team has followed a generic adaptation process in implementing interprofessional case management activities. This process is outlined briefly below:

1. **Formation of a school-community steering committee**. To ensure local ownership of the prevention/intervention program evolving in each school-community, key "movers and shakers" from both the school district and the community at large are invited to serve on a project steering committee at each new site. The site case manager and/or project director facilitates regular steering committee meetings and invites input to the development, field-testing, and evaluation of the site's unique variation of the generic guidelines.

2. **Selection and training of case managers**. The most critical element is the identification of a professional to serve as a consistent project contact with the targeted students and families, manage the implementation of comprehensive service plans, and ensure the appropriate delivery of the seven functions of case management. To carry out this role, case managers need to be familiar with (a) the structural and functional components of case management, (b) team-building and leadership skills, (c) access and eligibility steps, and (d) criteria associated with coordinating multiple health, education, and social services.

3. **Identification and orientation of interprofessional case management team members**. Private and public agencies which serve the populations targeted by this project may agree to serve on the school-based interprofessional case management team. Team members collectively focus on assessment, development of multiple service plans, monitoring, and service plan adjustments. Such partnerships allow providers to jointly plan and provide an array of services.

A critical first step for this team is to adopt a site-specific variation of the C-STARS generic case management guidelines in consideration of their school-community's needs and resource limitations.

The resulting action plan becomes a unique variation to be routinely adjusted in response to formative evaluation results through the duration of the project.

4. Identification and orientation of each site's comprehensive support service network. An early priority is to identify existing health, education, and social services for which the target population is eligible. Toward this end, case managers and interprofessional teams develop relationships, acquire information on eligibility criteria and access procedures, and acquaint other public and private service agencies with the project's goals and objectives.

5. Phased-in case management services to targeted students and families. Children and families requiring multiple health, education, and social services display various levels of need, from emergency intervention to routine monitoring of service delivery and progress. The number of students and families with which any one case management team or case manager can effectively work will vary in accordance with levels of need. Therefore, case management teams should carefully assess severity of need, resources available, and time and energy demands associated with current caseloads before gradually increasing their caseloads.

6. Ongoing formative or "shaping" evaluation, with routine adjustments. As the overall project evolves and each demonstration site shapes its unique adaptation of these generic case management guidelines, it is important that case management teams meet routinely to assess results of program activities and adjust each student's comprehensive service plan. The team evaluates whether the plan is producing desired results and adjusts the plan (e.g., discontinue services, add services, change tutors or mentors, etc.). This process is facilitated each quarter by C-STARS field staff.

7. Ongoing technical assistance from UW/WSU C-STARS. Field consultation on action planning, evaluation techniques, and interagency collaboration is available, as is an extensive resource manual. In addition, UW/WSU C-STARS personnel may facilitate advisory council meetings, address specific concerns, and channel pertinent information to participating service providers. A major focus of technical assistance is on developing replication and institutionalization plans as the project begins to show promising results.

8. Summative evaluation. To measure the program's impact, it is necessary to institute a systematic process to generate and/or retrieve data which at a minimum addresses (1) school performance, (2) school attendance, (3) dysfunctional behavior demonstrated at school, and (4) family involvement with school-student activities. C-STARS staff provide data forms, train site personnel, assist in data retrieval and analysis, and prepare annual evaluation reports for each site.

9. Institutionalization. In most cases, these demonstration projects are initially funded by soft money (i.e., one-time or temporary funding sources). It is important that partner institutions secure and commit long-term funding to pay for promising features of these guidelines. This is sometimes done incrementally on an annual basis. In such cases, a district agrees to pick up an increasing proportion of program costs in response to increasing evidence of program success.

Current Enhancements

Evaluation results and early impressionistic data from case managers, parents, and school personnel are encouraging. However, for this dropout prevention strategy to reach its potential for early intervention with at-risk children and families, several enhancements are needed. The areas targeted for improvement during the current project cycle are summarized below:

1. Accelerated Learning. The project's comprehensive intervention activities are currently focused for the most part on services other than instruction. Correcting this omission by including structured classroom activities in coordinated service plans is a major enhancement goal.

2. Dropout Retrieval. To date, these guidelines have been limited to applications with students who are enrolled in school. Not enough is known about how to reach youths who have left school and are unconnected to educational service systems. With this in mind, C-STARS personnel are currently facilitating a series of strategic planning meetings at each of the five demonstration school districts. These meetings focus on characteristics and needs of youth who have dropped out but remain in the community. Each school district is exploring a variety of program options relative to this need.

3. School-Business Partnerships. Over the course of the project, each of the five participating school districts will enter into a partnership with local businesses to collaboratively develop and field-test a school-business venture. These partnerships will assess the present level of local business-school relationships addressing at-risk students; review school-business partnership options, with a particular focus on career awareness and preparation activities; decide on an option or options that appear feasible in the context of the case management guidelines; and develop and implement a plan to initiate and field-test a series of school-business partnership activities.

4. Cultural Relevancy. The case management guidelines will be expanded and adapted to assure that they are culturally relevant to a variety of communities of color as well as to communities with additional demographic and/or geographic variables. Such communities include small rural-isolated, urban African-American, and American Indian reservation populations.

With this in mind, intercultural consultants and an Intercultural Advisory Panel will work with project staff and the five school-community case management teams to assist in shaping each site's variation to promote relevancy to local at-risk youth and family populations. Members of this panel have been identified with assistance from the Governor's African-American and Hispanic Affairs Commissions, the Minority Affairs Offices at Washington State University and the University of Washington, the State Rural Education Association, and United Indians of All Tribes. The panel will meet at least twice annually with project staff and site representatives to review the project's expansion and replication progress through the lens of cultural relevancy.

5. Family Support and Involvement. Over the three-year course of field-testing these interprofessional case management guidelines, we have come to recognize the significant potential role(s) of the family. We are now exploring how best to ensure that coordinated school-based case management services include the entire family once services are initiated in response to indicators associated with a student's failure at school. The case management guidelines are thus being enhanced to ensure that coordinated case management services

- recognize the interdependent nature of families;
- build upon each family's inherent strengths;
- maintain each family's dignity, recognizing its right to make choices and select options; and
- are tailored to the special circumstances of each family.

Case Manager Professional Development

Prospective or practicing case managers come from a variety of professional backgrounds including social service (social workers), education (teachers, administrators, counselors, educational psychologists), and health (public health nurses). Many have already practiced in "role-alike" positions and understand one or more of the functions of interprofessional case management. For this reason, the C-STARS professional training program uses a three-dimensional approach: needs assessment, inservice training, and university coursework.

Case manager professional development starts with an individual needs assessment which measures specific skills, knowledge, and affective competencies associated with the roles and responsibilities of interprofessional case managers. Assessment methodology includes self-reporting, client satisfaction reporting, supervisory assessment, and standardized testing. Skills are assessed through observation, simulation and role-play activities. Affective competencies are assessed through open-ended interviews addressing responses to specific situations.

Once this initial assessment process is completed, there are two interrelated professional development paths. The first is a continuing program of inservice workshops, colloquiums, seminars, and institutes providing up-to-date information and skills. Topics may include the latest state and federal legislative initiatives, at-risk and drop-out programs, substance abuse issues, homelessness, and communication strategies for working in ethnically diverse environments. A summer institute covering several of these topics is typically arranged for all new case managers prior to the start of the school year.

The second professional development option available to case managers is graduate-level coursework. Academic courses which are cross-listed by both research universities and offered year-round can become a major course component for case managers working toward advanced degrees such as the master's of social work or the master's in education degrees. A statewide research survey involving five state agencies and school districts will result in a proposed comprehensive curriculum for case managers.

For Further Information . . .

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